Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Clas	ssification	Population	Owner Type	Primary Source
CT0470003 FIRST CONGREGATIONAL CHURCH OF E WINDSOR					NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
124 SCANTIC RC	Connections	3						

Towns Served:

TOWNS Serveu.			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL #1 (WSF ID: 10214)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
			

Public	Notification R	equiren	nents			
· · · · · · · · · · · · · · · · · · ·						<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015	
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016	
E. Coli M&R Violation	1/1/17 - 3/31/17	3	6/6/2018		6/16/2018	
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	9/6/2019		9/16/2019	
E. Coli	4/1/18 - 6/30/18	3	9/6/2019		9/16/2019	
E. Coli M&R Violation	4/1/18 - 6/30/18	3	9/6/2019		9/16/2019	

7/1/19 - 9/30/19

		water System Facili	ity and Sampling P	oint ii	nventoi	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
'S ID	PWS Name	Classification	Population	Owner Type	Primary

PW2 ID	PWS Name			Classificatio	n P	opulation	Owner Type	Pri	mary Source
CT0470003	FIRST CONGREGATIONAL CHURCH OF E WINI	OSOR		NC		25	Р		GW
Local Address (w	here applicable)	Service	Residen	tial Comme	rcial	Industri	al Combin	ed	Agricultural
124 SCANTIC RO	AD	Connections	3						

Towns Served:

Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	ſy		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	GTCD200	BLUE MOON SLEEP RM	Α	Υ	1		
	GTCD300	STAFF KITCHEN R SINK	Α	Υ	1		
	GTCD301	STAFF KITCHEN L SINK	Α	Υ	1		
	GTCD400	KITCHEN R SINK	Α	Υ	1		
	GTCD401	KITCHEN L SINK	Α	Υ	1		
	GTCD500	STAFF BATHROOM	Α	Υ	1	Υ	
	GTCD600	BOYS BATHROOM R	Α	Υ	1		
	GTCD601	GIRLS BATHROOM L	Α	Υ	1		
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
10214 WELL #1	2	WELL #1	Α				
51516 TREATMENT PLANT							

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
First Congregationa	al Church									
Mailing Address Line One Mailing Add				ess Line Two		City	State	Zip Code		
	1171 Main					Coventry	СТ	06238		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address	il Address			
	wner			Organization	1		Job Title			
Name					n urch of E. Windsor	Pastor	Job Title			
Name Reverend Thomas	V. Calderone		Mailing Addr		urch of E. Windsor	Pastor City	Job Title			
Contact Role(s): O Name Reverend Thomas Mailing Address Lin 124 Scantic Road	V. Calderone		Mailing Addr	1St Cong. Ch	urch of E. Windsor			Zip Code 06088		
Name Reverend Thomas Mailing Address Lin	V. Calderone	Fax		1St Cong. Ch	urch of E. Windsor	City East Windsor	State	Zip Code		

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monit					,			
PWS ID	VS ID PWS Name Classification Population Owner Type Primary Source								
CT0470032	GOLDEN GAVEL PLAZA				NC	25	Р	GW	
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural									
149 NORTH RO	DAD	Connections	4						

143 NORTH ROAD		7					
Towns Served:					,		
	Monit	oring Requirement	ts				
Water System Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collecti	ion Period	Compli	iance Status
Select from Inventory of Active Sar	mpling Points	10/1/18 - 1	2/31/18			Co	mplete
		1/1/19 - 3,	/31/19			Co	mplete
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collecti	ion Period	Compli	ance Status
Select from Inventory of Active Sar	npling Points	10/1/18 - 12	2/31/18			Co	mplete
		1/1/19 - 3,	/31/19			Co	mplete
		4/1/19 - 6,	/30/19				
		7/1/19 - 9,	/30/19				
Water System Facility: ENTRY POIL	NT (WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (R	RT) per year
Sampling Point (Sampling Point ID)	Monitoring	Period	Collecti	ion Period	Compli	ance Status
ENTRY POINT (3)		1/1/18 - 12	2/31/18			Co	mplete
		1/1/19 - 12	2/31/19			Co	mplete
		1/1/20 - 12	/31/20				
	Other C	ompliance Schedu	les				
Compliance Schedule Activity		Du	e Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY		8/2	26/2008				
RESPOND TO SANITARY SURVEY		3/1	7/2019				
Wat	er System Facil	ity and Sampling P	oint Ir	ventor	ſV		
Water	•	, ,		Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α			-	

61231 GAC FILT	ERS							
			(Contact Inf	ormation			
Name				Organization			Job Title	
Mr. Patrick Soucy				Golden Gave	l Auction's LLC			
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City	State	Zip Code
149 North Rd						East Windsor	СТ	06088
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address		
860-623-2100					860-306-4530	goldengavel@att.n	et	

Α

WELL 1

2

22890

WELL 1

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				0		1				
PWS ID	PWS Name					Classi	ification	Population	Owner Type	Primary Source
CT0470032	GOLDEN GAVEL PLAZA	4				I	NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerci		al Industri	al Combine	ed Agricultural		
149 NORTH ROAD		Connections	4							

Towns Served:

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	nnoctic	ut Dona	rtmont	of Dubli	c Uoalth	Drin	lzina	Mat	tor Co	ction	
	CC		_			c Health					Ction	
			ter Qual	ity Mon	itoring	and Com						
PWS ID		'S Name				1				tion Owr	ner Type I	Primary Source
CT0470054		ST WINDSOR	PARK SNACK	BAR			N	-	25		L	GW
Local Addre	ss (wher	e applicable)			Service	Resident	ial Co	mmercial	Indi	ustrial	Combined	d Agricultural
51 RESERVO	IR AVEN	IUE			Connecti	ons		1				
Towns Serve	ed: EAST	WINDSOR										
				Mon	itoring R	equiremen	its					
Water Syst	em Fac	ility: DISTR	IBUTION SY	STEM (WS	F ID: 00600							
Total Colif	orm (3	100)								1 rou	tine (RT)	per quarter
Sampli	ng Point	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	llectio	n Period	Comp	liance Status
Select f	rom Inv	entory of Act	ive Sampling	Points		4/1/19 - 0	5/30/1	9				
						7/1/19 - 9	9/30/1	9				
Physical Pa	aramet	ers (PPS)								1 rou	tine (RT)	per quarter
Sampli	ng Point	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	llectio	n Period	Comp	liance Status
Select f	rom Inv	entory of Act	ive Sampling	Points		4/1/19 - 6	5/30/1	9				
						7/1/19 - 9	9/30/1	9				
Water Syst	em Fac	ility: ENTR	Y POINT (W	/SF ID: 0070	0)							
Nitrate An	d Nitrit	te (NOX)								1	routine (RT) per year
Sampli	ng Point	t (Sampling P	oint ID)			Monitorin	g Perio	od Col	llectio	n Period	Comp	liance Status
ENTRY	POINT (3)				1/1/18 - 1	2/31/1	L8			С	omplete
						1/1/19 - 1	2/31/1	19				
						1/1/20 - 1	2/31/2	20				
				Other	Complia	nce Schedi	ules					
Compliance							ue Dat		Α	chieved	Date	
SEASONAL S	TART UI	COMPLETIO	N			5	/1/201	.9				
			Water Sy	stem Fac	ility and	Sampling I	Point	t Inven	tory	•		
Water								Tot	al L	ead and		
	Vater Sy	stem Facility	9	Sampling Poi				Colife	_	Copper		Stage
Facility ID				ID	Descripti		Sta			Rule Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBU	TION SYSTEM		4		TION SYSTEM	P		,			
						SERVICE CON	P	4				
				UPSTREAM	WITHIN 5	SERVICE CON	P	4				
00700 E	NTRY PO	DINT		3	ENTRY PO	DINT	P	4				
20862 V	VELL			2	WELL		P	١				
Contact Information												
Name					Organizatio	1					Job Title	
Mr. Keith A.	Tetro S	r			East Windso	r Park Snack B	ar		Admi	nistrative	j	
Mailing Add	ress Line	e One		Mailing Addr	ess Line Two				City	,	State	Zip Code
11 Rye Stree	et							Broad B	rook		СТ	06016
Business P	hone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email Ad	ddress			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

860-698-1439

860-627-6662

Contact Role(s): Administrative Contact

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0470054 E	AST WINDSOR PARK SNACK BAR					N	IC	25	L	GW	
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural	
51 RESERVOIR AVENUE				Connections			1				
Towns Served: EA	ST WINDSOR								1		
Name			(Organization		Job Title					
Mr. Robert Mayn	ard		-	Town of East \		First Selectman					
Mailing Address Li	ine One		Mailing Addre	ess Line Two			City		State	Zip Code	
11 Rye Street							Broad E	Brook	СТ	06016	
Business Phone	Extension	Fax	Mol	bile Phone	Emergenc	y Phone	E Email Address				
860-623-8122							rmaynard@eastwindsorct.com				
Contact Role(s):	Legal Contact		<u> </u>	"			1				

Please note the following:

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut l	Department of	Public H	lealth D	rink	ing V	Vater	Se	ction	
	Water	Quality Monit	oring and	d Comp	liano	ce Sc	hedul	e		
PWS ID	PWS Name	<u> </u>	<u> </u>		assificat				ner Type F	Primary Source
CT0470064	GOLDEN IRENES RES	ΓAURANT			NC		25		P	GW
Local Addr	ess (where applicable)		Service	Residentia	Comn	nercial	Industria	al	Combined	l Agricultural
18 MULLEN	* * * * * * * * * * * * * * * * * * * *		Connections			1				
Towns Serv	ved: EAST WINDSOR									
		Monito	oring Requ	irement	S					
Water Sys	tem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)							
Total Coli	iform (3100)						1	rou	tine (RT)	per quarter
Samp	ling Point (Sampling Point		Monitoring	Period	Colle	ection Per	iod	Compl	iance Status	
Select	from Inventory of Active S	ampling Points	:	10/1/18 - 12	/31/18				Co	omplete
				1/1/19 - 3/	31/19				Co	omplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Physical I	Parameters (PPS)						1	rou	tine (RT)	per quarter
Samp	ling Point (Sampling Point	ID)		Monitoring	Period	Colle	ection Per	iod	Compl	iance Status
Select	from Inventory of Active S	ampling Points	:	10/1/18 - 12				Co	omplete	
				1/1/19 - 3/	31/19				Co	omplete
				4/1/19 - 6/	30/19					
				7/1/19 - 9/	30/19					
Water Sys	stem Facility: ENTRY PO	INT (WSF ID: 00700)								
Nitrate A	nd Nitrite (NOX)							1	routine (I	RT) per year
Samp	ling Point (Sampling Point	ID)		Monitoring	Period	Colle	ection Per	iod	Compl	iance Status
ENTR	Y POINT (3)			1/1/18 - 12/31/18					Co	omplete
							Co	omplete		
				1/1/20 - 12,	/31/20					
		Other Co	ompliance	Schedul	es					
Compliance	e Schedule Activity			Due	e Date		Achie	ved i	Date	
RESPOND T	TO SANITARY SURVEY			7/2	5/2014					
	Wa	ter System Facili	ty and Sar	npling Po	oint l	nvent	ory			
Water		•	-			Tota	l Lead	and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colifo	rm Copp	er		Stage
Facility ID		ID	Description		Status	Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20863	WELL	2	WELL		Α					
		Con	tact Inforr	mation						
Name			rganization						Job Title	
Mr. Vasilio	s Akkouris		olden Irenes Re	estaurant					100 1100	
	dress Line One	Mailing Address					City		State	Zip Code
		6					I			1

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

East Windsor

Emergency Phone Email Address

06088-0005

18 Mullen Rd

Business Phone

860-627-5971

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Water Quality Fromtoring and domphanee benedate										
PWS ID	WS ID PWS Name C					Owner Type	Primary Source			
CT0470064	GOLDEN IRENES RESTAURANT	NC	25	Р	GW					
Local Address (\	Service	Resider	ntial Commerci	al Industri	ial Combine	ed Agricultural				
18 MULLEN ROAD Co				1						

Towns Served: EAST WINDSOR

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut I	Department of	f Public H	lealth	Dri	nking	Wat	er S	ection	
	Water	Quality Monit	coring and	d Com	plia	ance S	ched	lule		
PWS ID	PWS Name	<u> </u>	<u> </u>						vner Type	Primary Source
CT047009	4 KINGDOM HALL OF JE	HOVAHS WITNESSES			ı	NC	90		Р	GW
Local Add	ress (where applicable)		Service	Resident	tial C	ommercia	al Indu	strial	Combine	ed Agricultural
202 NORT	'H STREET		Connections			1				
Towns Ser	rved: EAST WINDSOR		·				·			·
		Monit	oring Requ	iiremei	nts					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF	D: 00600)							
Total Co	liform (3100)							1 ro	utine (RT) per quarter
	pling Point (Sampling Point I	D)		Monitorii	ng Per	riod Co	ollection		=	oliance Status
Selec	ct from Inventory of Active Sa	mpling Points	:	10/1/18 -	12/31	L/18			(Complete
				1/1/19 -	3/31/	' 19			(Complete
				4/1/19 -	6/30/	' 19				
				7/1/19 -	9/30/	' 19				
_	Parameters (PPS)							1 ro	utine (RT) per quarter
	pling Point (Sampling Point I	•			ollection	Period		oliance Status		
Selec	ct from Inventory of Active Sa	mpling Points	:	10/1/18 -						Complete
				1/1/19 -					(Complete
				4/1/19 -						
				7/1/19 -	9/30/	′19				
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)								
	And Nitrite (NOX)									(RT) per year
	pling Point (Sampling Point I	D)		Monitorii	_		ollection	Period		oliance Status
ENTF	RY POINT (3)			1/1/18 - :						Complete
				12/31,			(Complete		
				1/1/20 - :		-				
	Wat	ter System Facil	ity and Sar	npling	Poir	nt Inve	ntory			
Water								ead and		
System	Water System Facility	Sampling Point		nt				Copper		Stage
Facility ID		ID	Description	L CVCTER A		utus		uie i ie	r Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION				Y			
		DOWNSTREAM				A				
20722	ENTRY ROLLIT	UPSTREAM	WITHIN 5 SER			A				
00700	ENTRY POINT	3	ENTRY POINT			Α				
20866	WELL	2	WELL			Α				
		Cor	tact Inforr	mation						
Name		0	rganization						Job Title	9
Mr. Jesse	Barber, Jr.	С	Cong of Jehovah's Witnesses				Elder			
Mailing A	ddress Line One	Mailing Addres	ss Line Two				City		State	Zip Code
71 Abbe R	Road					East W	ndsor		СТ	06088

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Emergency Phone Email Address

java4@cox.net

860-805-2957

Mobile Phone

Business Phone

860-623-0763

Contact Role(s): Legal Contact

Extension

Fax

	Connecticut Wate	•	lity Monit				C			
PWS ID	PWS Name	1 Quu	irey Monne	oring an	u don	Classifi				Primary Source
СТ0470094	KINGDOM HALL OI	KINGDOM HALL OF JEHOVAHS WITNESSES					С	90	Р	GW
Local Address (w	ocal Address (where applicable)				Residen	tial Co	mmerci	al Industr	al Combin	ed Agricultural
202 NORTH STREET				Connections	3		1			
Towns Served: E	AST WINDSOR								,	,
Name			Or	ganization					Job Titl	e
Mr. Girvan Dinn	al		Kir	ngdom Hall of	f Jehovah	Witnes				
Mailing Address	Line One		Mailing Address	Line Two			City		State	Zip Code
38 Sawka Circle							Windso	or	СТ	06095
Business Phone	e Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email Address			
860-219-0343	1									
Contact Role(s):	Administrative Co		· · · · · · · · · · · · · · · · · · ·							

CD Lite Health Detail to Marco C.

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0470124	MULNITE FARMS				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
2 GRAHAM ROA	D (BARN)	Connections			1			

Towns Served: EAST WINDSOR			
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 11/30/18		Complete
	1/1/19 - 1/31/19		Complete
Total Coliform (3100)		1 rout	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Total Coliform (3100)			3 (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/18 - 12/31/18		
	2/1/19 - 2/28/19		Complete
Physical Parameters (PPS)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 20869)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/27/18 - 12/3/18		Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Connecticut De	partmei	nt of	Public H	lealth	D	rinking	g Water	S	ection	
	Water Qı	ıality M	onit	oring an	d Con	npl	liance :	Schedu	le		
PWS ID	PWS Name					Cla	ssification	Population	Ov	vner Type P	rimary Source
CT0470124	MULNITE FARMS						NC	25		Р	GW
Local Addre	ess (where applicable)			Service	Residen	itial	Commerc	ial Industr	ial	Combined	Agricultural
2 GRAHAM	ROAD (BARN)			Connections			1				
Towns Serv	red: EAST WINDSOR										
		M	onito	oring Requ	iireme	nts	•				
Water Sys	tem Facility: WELL (WSF ID): 20 869)									
E. Coli (3	014)							1	trig	gered (TG)	per period
Sampl	ling Point (Sampling Point ID)				Monitori	ing F	Period (Collection Pe	erio	d Compli	ance Status
					1/29/19	9 - 2/	4/19			Co	mplete
					1/29/19	9 - 2/	4/19				
		Oth	er Co	ompliance	Sched	dule	es				
Compliance Schedule Activity					Due	Date	Achie	evec	ved Date		
CROSS CON	INECTION SURVEY REPORT					3/1/	2017				
L1 ASSESSM	MENT (MULTIPLE TC+)				1	2/29	9/2018				
L2 ASSESSN	MENT (MULTIPLE TC+, 2ND IN 12	2M)				3/2/	′2019				
RESPOND T	O SANITARY SURVEY				3	3/13	/2019				
CORRECTIV	E ACTION/CORRECTIVE ACTION	PLAN			ϵ	5/11	/2019				
CORRECTIV	E ACTION/CORRECTIVE ACTION	PLAN			ϵ	5/11	/2019				
		Public	Not	ification R	equire	eme	ents				
			C	ompliance	Notice	?	<u>Public N</u>	<u>lotification</u>		PN Cer	<u>tification</u>
Violation/S				Period	Tier		Required	Performe	ed	Due to DPH	Received
	OTAL COLIFORM RULE (RTCR) TT	Violation		2/30/18 -	2		3/16/2019			3/26/2019	
Total Colifo	rm M&R Violation			18 - 12/31/18			3/14/2020			3/24/2020	
	Water	System	Facili	ty and Sar	npling	Po	int Inve	entory			
Water		- "						otal Lead			
	Water System Facility	Sampling ID	Point	Sampling Poi Description	nt			liform Cop	-		Stage WQP 2 DBPR
Facility ID	DICTRIBUTION CYCTEM			•	LCVCTEN		Jiuius		rie	ASDESIOS	WQP Z DBPK
00600	DISTRIBUTION SYSTEM	4 DOWNST	DEVV4	DISTRIBUTION WITHIN 5 SER			Α	Υ			
		UPSTRI		WITHIN 5 SER			A A				
00700	ENTRY POINT	3	-/=\I¥I	ENTRY POINT			A				
	WELL	2		WELL			Α Α				
20003	VV L L L			VVLLL							

		DOW	/NSTREAM	WITHIN 5	SERVICE CON	Α			
		UP	STREAM	WITHIN 5	SERVICE CON	Α			
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α			
20869 WELL			2	WELL		Α			
			Con	tact Info	ormation				
Name			0	rganization				Job Title	5
Mr. Leonard A. Mu	Ilnite		M	Iulnite Farm	ns, Inc.		President		
Mailing Address Lin	ne One	Mail	ling Addres	s Line Two			City	State	Zip Code
28 Miller Road						Broad Br	ook	СТ	06016-9786
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phor	ne Email Ac	ldress		
860-623-6918		860-644-7770							

Contact Role(s): Legal Contact, Owner

(Lonnecticut	рера	irtment of	Public	Health	Drii	nking	g Water	Section		
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0470124	TT0470124 MULNITE FARMS					١	IC	25	Р	GW	
Local Address (where applicable)				Service	Resider	Residential Co		al Industri	al Combine	ed Agricultural	
2 GRAHAM ROAD (BARN)				Connection	S		1				
Towns Served: EA	ST WINDSOR							'	1		
Name			Or	Organization				Job Title			
Ms. Laura Mulnit	е		M	ulnite Farms	Inc						
Mailing Address L	ine One		Mailing Address	ess Line Two			City		State	Zip Code	
28 Miller Road							Broad	Brook	СТ	06016	
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email A	Address			
860-623-6918							ljmulni	te@sbcglob	al.net		
Contact Role(s):	Administrative Co	ntact									

Constant Description of CD Islands Date Islands March Contin

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department o	of I ublic I	Cartii	עו.	אווואווון ו	, water	Section	
	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0473024 DEEP - FLAHERTY FIELD TRIAL AREA					NC	25	S	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
TROMBLY ROAD		Connections			1			
T	ACTIMUNDCOD							

Connecticut Department of Public Health Drinking Water Section

THOMBET HOAD			
Towns Served: EAST WINDSOR			·
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Other Compliance Schedules

1/1/18 - 12/31/18

1/1/19 - 12/31/19

1/1/20 - 12/31/20

4/1-12/31

4/1-12/31

4/1-12/31

Complete

Complete

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 2/3/2017

ENTRY POINT (3)

	Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014						
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014						
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	5/7/2015		5/17/2015						
Physical Parameters M&R Violation	7/1/14 - 9/30/14		11/21/2015		12/1/2015						
Physical Parameters M&R Violation	10/1/14 - 12/31/14	3	4/6/2016		4/16/2016						

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
52452	WELL #1	2	WELL #1	Α					
52491	PRESSURE TANK								

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0473024	DEEP - FLAHERTY FIELD TRIAL AREA			NC	25	S	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
TROMBLY ROAI)	Connections		1			

Towns Served: EAST WINDSOR

				Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. David Cooley				Deep-Engine	ering Unit	Supv Civil E	Supv Civil Engineer		
Mailing Address Line One Mailing Add			Address Line Two		City	State	Zip Code		
163 Great Hill Road						Portland	СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-342-2215 860-344-2560			2560	860-205-7552	860-424-3333	david.cooley@ct.gov			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule